

## DEPARTMENT OF SOCIAL SERVICES NOTIFICATION OF RECEIVABLE REPORT

### RECEIVABLE INFORMATION

AGENCY NAME & ADDRESS:	RECEIVABLE AMOUNT: \$
DIVISION NAME & PROGRAM:	PAYMENT DATE:
AGENCY CONTACT PERSON:	ISIS DOCUMENT NUMBER:
CONTACT PERSON'S PHONE NUMBER:	ISIS INVOICE NUMBER:
CONTACT PERSON'S E-MAIL:	
VENDOR NUMBER:	
VENDOR NAME:	
VENDOR ADDRESS:	

ONE (1) OF THE THREE (3) BELOW MUST BE PROVIDED:

- ☐ CONTRACT NUMBER:
- ☐ PURCHASE ORDER NUMBER:
- ☐ OTHER:

FISCAL YR	AGENCY NO	ORG NO	OBJECT NO	SUB OBJECT	REPT CATEGORY	AMOUNT
						\$
						\$
						\$

REASON FOR RECEIVABLE:

PREPARED BY:	DATE:	SIGNATURE OF AUTHORIZED AGENT:
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Submit completed form to: DSS - OM&F  
Division of Fiscal Services  
Payment Management Section/Purchase Order Unit  
P.O. Box 3927  
Baton Rouge, LA 70821

Contact Phone Number: (225) 342-4196